COMMENTARY

Waiting for conflict before requesting an ethics consultation

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In many ways, requesting an ethics consultation is like asking for any other clinical consultation. A physician recognizes a problem out of her or his area of expertise and requests help from a specialist. The question may be factual, such as whether an advance directive is valid. The request may be for a procedure, such as an evaluation of a patient's capacity to consent to a particular procedure. The query may be to "diagnose" the source of a patient's unexpected refusal of treatment. It may be to outline a clinical strategy, such as a plan to protect the unaware, at-risk spouse of an individual infected with the human immunodeficiency virus who is reluctant to reveal the diagnosis. And, perhaps most consistent with other types of clinical consultation, the ethics consultation may function simply to support the decision of the astute clinician who has identified an ethical issue, reasoned through the case, and formulated a solution to the dilemma.

Yet, the study by DuVal and colleagues demonstrates a different trigger for many ethics consults: conflict. The investigators administered a survey to a national sample of physicians practicing internal medicine, oncology, and critical care to evaluate whether they had requested an ethics consultation in the past 2 years and the reason for the consultation. This first-ever evaluation of ethics consultation in a nationally representative sample revealed that more than half of these physicians had requested an ethics consultation. The most common stimuli for ethics consultation were conflicts and other emotionally charged issues. Conflicts triggered more than one third of the consultations. Intimidation, fear, frustration, and other emotions prompted nearly one tenth of the consultations.

Previous research—focused on routine consultation for end-of-life issues—has shown that consultation is well received and may result in small improvements in health care resource use toward the end of life.[1,2] DuVal and colleagues show that a wide variety of topics are targeted by ethics consultation and that much of the work of consultation is conflict resolution, mediation, and communication enhancement. These roles require the ethics consultant to possess special skills in addition to clinical ethics knowledge.[3]

The authors' study suggests that physicians should consider earlier consultation in solving cases presenting ethical issues. Early recognition of ethical issues and "preventive ethics" should be a central focus of ethics consultation. Recognizing the need for a surrogate decision maker, identifying possible cross-cultural conflicts, and acknowledging conflicts among health care providers before crises arise can lead to earlier and more effective ethics consultation that aims at optimal clinical care and teaching the clinician the skills to handle the next case. Patients need not be headed toward the "ethics ICU" before assistance in solving clinical ethics problems is requested.

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References

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